



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
Underground Storage Tank Program

**UNDERGROUND STORAGE TANK SYSTEM
MODIFICATION AND ADDITION
REPORT AND CHECKLIST**



Modification or addition work conducted at one UST facility may be reported together by completing pages 3, 4, 5, 6, and 7 once for the entire facility. Make additional copies of page 4, as needed.

1. UST SYSTEM PERMITTEE AND LOCATION (PLEASE PRINT):

DEQ Facility ID Number:

3469

DEQ UST Facility Name:

Carson Oil Inc

Facility (location) Address:

9911 SE ELON

CLACKAMAS OR 97015

UST permittee name:

Carson Oil Inc

Permittee mailing address:

Permittee Telephone:

503 228-8500

2. TANK MODIFICATION OR ADDITION PERFORMED BY:

Service Provider:

UAI

DEQ License Number

12630

(Please Print)

Address:

2357 SE 56th Ave

Lic. Expiration Date:

9/13/07

Portland, OR 97215

Telephone:

503-233-9807

236-6359

Licensed Supervisor:

Greg Brennan

DEQ License Number

10438

(Please Print)

Lic. Expiration Date:

9/07

IMPORTANT NOTE REGARDING USE OF THIS PAGE (Page 4 of 7)

If the same work is completed on each tank and associated piping system, fill out this page just once. If different work is completed on each tank and associated piping system, make copies of this page and fill one out for each tank and associated piping system that has been modified, added to, or that has had metal underground piping and fittings repaired or replaced.

3. TANK AND ASSOCIATED PIPING SYSTEM INFORMATION

TANK #	DEQ-UST PERMIT #	TANK SIZE IN GALLONS	PRODUCT STORED		TYPE OF ASSOCIATED PIPING (i. e. metal, fiberglass, flexible, single-walled, double-walled, etc.)	
			CURRENT	FUTURE	CURRENT	FUTURE
	ABKJA	20	GAS	GAS	FRP With terminal ends	
	JB	20	"	"	In Steel	
	JC	12	"	"		
	JD	20	#2	#2		
	JE	20	#2	#2		

4. MODIFICATION, ADDITION, AND METAL PIPING REPAIR OR REPLACEMENT INFORMATION (Please write a narrative description of the work that was completed).

Add Anodes to terminal ends of piping.

5. CHECKLIST: (Check YES or NO. Where a specific item is "not applicable" to the situation, please check the N/A box)

	YES	NO	N/A
Was the DEQ Regional Office notified at least 30 days in advance of the planned modification or addition start date?	✓		
Was the DEQ Regional Office notified 72 hours in advance prior to beginning the modification or addition? If yes, indicate 3-day number issued: <u>03-3106065</u>	✓		
Was external cathodic protection (CP) installed, modified or added to?	✓		
Was a separate CP report submitted or attached?	✓		
Was a CP test station installed?		✓	
Is a 6-month CP follow-up inspection/test scheduled? Projected inspection date: <u>01/07</u>	✓		
Was a site assessment conducted?			✓
Was contamination, including simple overfill, encountered and was it reported to DEQ? If so, indicate DEQ LUST number issued: _____		✓	
Were internal inspections of all USTs completed before lining began on any UST?			✓
Have the results of the internal tank inspections been submitted to and/or discussed with DEQ?			✓
If there were holes in any of the USTs, has a SUSPECTED release been reported to DEQ? If yes, indicate date reported: _____		✓	✓
Was the system tight-tested before placing back into service?			✓
Do all tank and piping materials comply with OAR 340-150-0300?	✓		
Have all items checked above been modified or added to in accordance with all codes, manufacturer's requirements and federal and state regulations?	✓		
Has the UST system permittee been provided with written documentation of the item(s) modified or added to and has the permittee been instructed to preserve these records?	✓		

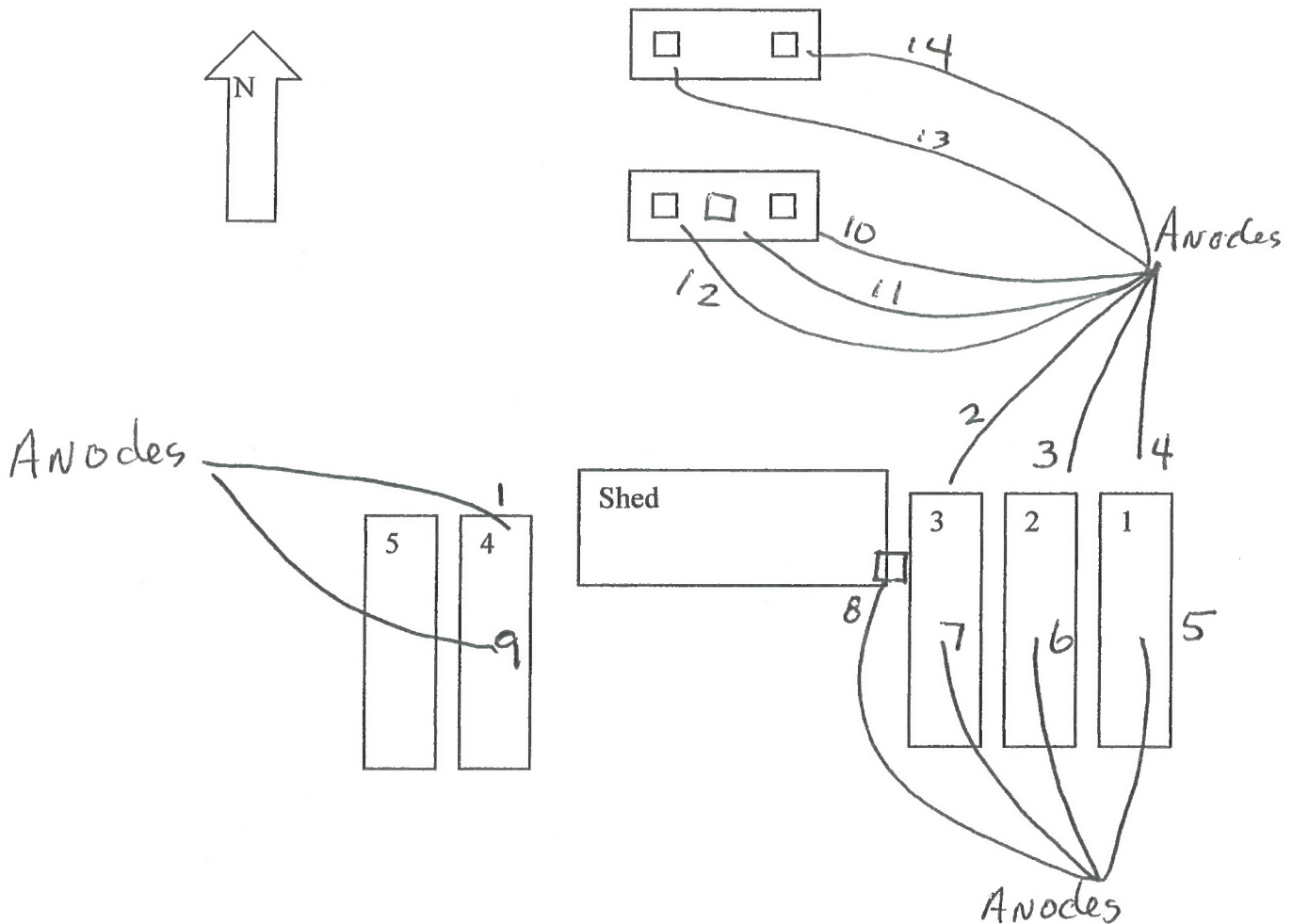


**Universal
Applicators, Inc.**

SITE MAP

(Not to scale)

3



Oregon CCB No. 65928 Oregon DEQ Service Provider License No. 12630

www.universalap.com

2357 SE 50th Ave., Portland OR 97215 (503)236-6359 (800)200-1377 FAX (503)233-9804

7. SUPERVISOR'S OATH: I certify that I have been the Oregon DEQ licensed supervisor present on site during the above listed modification or addition work and to the best of my knowledge the work has been conducted in compliance with all local, state and federal laws, regulations and industry standards and procedures pertaining to underground storage tank systems. I further certify that the information contained in this report and checklist is true to the best of my belief and knowledge.

Supervisor: Greg Brannon [Signature]
(Print Name) (Signature)

Service Provider: VAI Date: 7/21/06

UST Service Provider Firm, Executive Officer:

Greg Brannon [Signature] 7/21/06
(Print Name) (Signature) (Date)

8. UST PERMITTEE MODIFICATION OR ADDITION CERTIFICATION STATEMENT:

I hereby certify that the information provided on this report and checklist concerning the modification or addition work on my tank and associated piping system is accurate.

(Print Permittee Name) (Signature) (Date)

For information, call the appropriate DEQ Regional Office (see Page 2) or the toll free number, 1-800-742-7878. Two copies of this form must be mailed within 30 days after the modification or addition work is completed to:

1. One copy to the appropriate DEQ Regional Office (see page 2)

Check ☐ here that this copy has been mailed

2. One copy to the UST Program Office at:

Department of Environmental Quality

UST Program

811 SW 6th Avenue

Portland, OR 97204

Check ☐ here that this copy has been mailed

DEQ INSPECTIONS: This form may be used by DEQ Inspectors for oversight purposes. A DEQ inspector is not required to inspect the modification or addition

DEQ Inspector's Signature: _____ Inspection Date(s): _____

Oregon Department of Environmental Quality

Cathodic Protection Test Information Page

UST Owner		UST Facility	
NAME: <u>Carson Oil</u>	NAME: <u>Carson Oil</u>		ID#: <u>3469</u>
ADDRESS:		ADDRESS: <u>9911 SE Elow</u>	
CITY: <u>Portland</u>	STATE: <u>OR</u>	CITY: <u>Clackamas</u>	STATE: <u>OR</u>
Cathodic Protection Tester			
TESTER'S NAME: <u>Grg Brennan</u>		CP TESTER'S LICENSE #: <u>10438</u>	
COMPANY NAME: <u>UAI</u>		EXPIRATION DATE: <u>7/07</u>	
ADDRESS: <u>2357 SE 50th Ave</u>		PHONE NUMBER: <u>503-236-6359</u>	
CITY: <u>Portland</u>	STATE: <u>OR</u>	NACE CERTIFICATION #:	
Cathodic protection system is: <input checked="" type="checkbox"/> Galvanic <input type="checkbox"/> Impressed current Date Last Tested:			
Weather Conditions at Time of Testing/Inspection: <u>Hot + Dry</u>			
Temperature: <u>90</u> Soil/Backfill Conditions (circle): moist dry sand gravel soil Describe: <u>Mix At top & under Disp</u>			

Cathodic Protection System Certification

Identify which of the following testing situations is being recorded:

- ☐ Test required within 6 months of installation of CP system (installation date was ___/___/___)
- ☐ Test required at least every 3 years after installation/test noted above
- ☐ Test required within 6 months of any repair activity

Instal test

The cathodic protection system is effective, testing was performed according to NACE Standard RP-0285-2002, and is providing cathodic protection to all tanks and product lines: ☐ Yes ☐ No

Signature of Tester Hgy Ben

Date 7/21/06

UST SYSTEM INFORMATION

TANK #	YR TANK INSTALLED	CAPACITY	TANK MATERIAL	LINED? Y/N Date	YR CP INSTALLED	PIPING MATERIAL	YR CP INSTALLED
ABKJA	85	20	stir 3	No	85	Frp	2006
JB	"	20	"			Steel	
JC	"	12	"			at	
JD	"	20	"			Ends	
JE	"	20	"				

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UST SITE PLAN – On the back draw a diagram showing the important parts of the facility (tanks, lines, manway locations, turbines, vents, rectifier, pump islands, buildings). Indicate reference cell locations where structure-to-soil potential or continuity measurements have been made and label (R-1, R-2, R-3); location of all anodes and wires; location of CP test stations.

Facility Name Carson Test Date 7/19/06 Facility # 3469

GALVANIC (SACRIFICIAL) CP TEST RESULTS REPORT PAGE

STRUCTURE TO SOIL POTENTIAL MEASUREMENTS

ID	STRUCTURE	CONTACT POINT	REFERENCE CELL ID	mV ₁	mV ₂	COMMENTS
1	turb	soel	CoCoSoG	427	720	
2	"	At	"	386	613	
3	"	locat	"	454	689	
4	"	"	"	420	744	
5	"	"	"	221	536	
6	"	"	"	349	652	
7	"	"	"	503	715	
8	Pump		"	495	749	
9	Turb		"	465	918	
10	Disp		"	488	774	
11	"		"	419	706	
12	"		"	406	769	
13	"		"	438	779	
14	"		"	421	752	

All Anodes Create 100 mV shift

CP TEST STATION REQUIREMENTS

Have previous CP system test records been reviewed?

Has this CP test been performed consistent with previous CP system tests?

If test procedures have changed since last test please explain:

New Anodes

Have potential measurements been made at all tanks and piping including any buried flex-connectors?

COMPLETE IF ANY REPAIRS OR MODIFICATIONS TO THE CP SYSTEM ARE MADE OR ARE NECESSARY

Describe any repairs or modifications to the cathodic protection system that are made or are necessary.

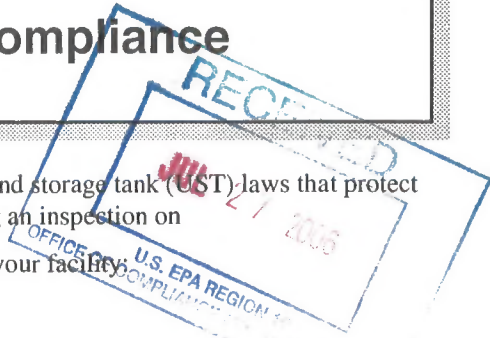
repairs are Addition of Anodes

EPA UST Program Field Notice of Non-compliance

No. 288

The Environmental Protection Agency (EPA) is responsible for the enforcement of underground storage tank (UST) laws that protect human health and the environment. Pursuant to federal regulation at 40 CFR Part 280, during an inspection on

6/20/06 the following items of UST non-compliance were observed at your facility:



1	Description: 230.40 (a) Failure to ensure automatic tank gauge is within 3 rd party certification for tank volume (38,170 gallon)	Correction Required: provide documentation of system upgrade that allows 40,000 gallon manifested system, or provide documentation from manufacturer	Deadline: 7/28/06
2	Description:	Correction Required: that current system is certified for 40,000 gallons.	Deadline:
3	Description:	Correction Required:	Deadline:
4	Description:	Correction Required:	Deadline:

WARNING

The EPA wishes to work cooperatively with you as the owner and/or operator of this facility to resolve the violations(s) listed above at this time. Therefore, no penalty will currently be assessed. However, if you fail to complete the above noted compliance task(s) before the listed deadline(s), you will become subject to citation and/or formal enforcement action. Such enforcement actions mandate compliance and carry monetary penalties as high as \$10,000 for every day of continued violation on each underground tank.

Notify your EPA contact person (listed below) immediately if you are unable to perform the required actions within the specified dates.

EPA Inspector	
Name:	Adam Baron
Office Address:	
Phone:	206 553 6361
Signature:	Adam Baron

Facility Information	
Name of Facility:	Facility ID #
CARSON OIL	OR 3469
Address:	
9911 SE ELON ST CLACKAMAS OR 97015	
Contact:	Phone:
Wayne Warren	503 319-4447
Signature:	(Signature acknowledges receipt only)
Wayne Warren	

CARSON OIL CO., INC.
3125 NW 35th
PO BOX 10948
PORTLAND, OR 97206-0948

*Field Notice # 288
facility # OR 3469*

LEAK TEST METHOD

TEST CSLD : TANK 1
Pd = 99%
CLIMATE FACTOR: MODERATE

REPORT ONLY:
DISABLED

TST EARLY STOP: DISABLED

TEST CSLD : TANK 2
Pd = 99%
CLIMATE FACTOR: MODERATE

REPORT ONLY:
DISABLED

TST EARLY STOP: DISABLED

TEST CSLD : TANK 3
Pd = 99%
CLIMATE FACTOR: MODERATE

REPORT ONLY:
DISABLED

TST EARLY STOP: DISABLED

TEST DAILY : TANK 4

START TIME : 12:01 AM
TEST RATE : 0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP: DISABLED

TEST DAILY : TANK 5

START TIME : 12:01 AM
TEST RATE : 0.20 GAL/HR
DURATION : 2 HOURS

TST EARLY STOP: DISABLED

LEAK TEST REPORT FORMAT
NORMAL

Checkman cardlock

*proof of installation of
siphon break for*

*tanks 4, 5 -
manifolded -*

*to allow for separate
tank tests*

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NORTHWEST PUMP & EQUIPMENT CO.

ACKNOWLEDGEMENT

DOCUMENT: Order Acknowledgement

CUST.#: 50038

BILL TO: Carson Oil Co Inc*
P O Box 10948

Portland, OR 97296

SHIP TO: Carson Oil Co Inc
9911 SE Elton Street
Clackamas, OR 97015

UPC VENDOR	ORDER DATE	ORDER NO.
000000	07/18/06	1385671-00
TAKEN BY	P.O. NO.	PAGE #
35	wayne to issue 95623	1
DATE AND TIME PRINTED		
07/24/06 13:51		

INSTRUCTIONS			
BRANCH LOCATION	SHIP VIA	SHIPPED	TERMS
Phil Gauntlett	Service Call		Net 30 days

LINE NO.	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY. SHIPPED	QTY. U/M	UNIT PRICE	DISCOUNT	AMOUNT (NET)
Anything over \$1000 needs to be authorized by Lance, John or Terry Mohr. Must have PO#. Email Jaime for PO if it's not on the order. ***** 2006 RATES: L 74.00, OTL 111, M .75 MM 23.00 EL 79.00 EOTL 118.50 *****								
3	1385671 misc elect	1			each	395.99	0.00	395.99
4	1 Labor Labor to install siphon break assembly. T&M 07-24 Wiried in siphon break. Programmed times test for .2 gph daily with siphon break operation. 08:30-10:30 pdg 351846c	2			each	74.00	0.00	148.00
5	tt Travel Time	1.50			each	74.00	0.00	111.00
6	m Mileage	80			each	0.75	0.00	60.00
7	330020-031 Vr Manifold Siphon Break Valve	1			each	830.06	0.00	830.06
8	npo Need PO#	1			each	0.00	0.00	0.00
Total								1545.05
Order Total								1545.05



Last Page

BRANCH LOCATIONS

Kent, WA • Portland, OR • Burbank, CA • Phoenix, AZ • San Diego, CA
Spokane, WA • W. Sacramento, CA • Kennewick, WA • Las Vegas, NV • Anchorage, AK • Honolulu, HI
800-452-PUMP • www.nwpump.com



PURCHASE ORDER

PURCHASE
ORDER

No. 95623

THIS NUMBER MUST APPEAR ON INVOICES,
B/L, BUNDLES, CASES, PACKING LISTS, AND
CORRESPONDENCE.

V
E
N
D
O
R

NW
Pump

BILL TO
P.O. BOX 10948
PORTLAND, OREGON 97296
(503) 224-8500

S
H
I
P
T
O

7/18/06

QUANTITY	PART NO.	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
7-24-06		invoice date		
		TO Install Syphon break on 5 HP Turbine so TLS CAN TEST TANK #4-5 Separately		

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TOTAL

1545.05

TO BE USED FOR: (EXPLAIN IN DETAIL) USE G/L NUMBER IF KNOWN

For CLACKAMAS CL
Compliance # 3469

DEPT.
CHARGE

DELIVERY: COMMERCIAL ☐ RESDL ☐
SALES: COMMERCIAL ☐ RESDL ☐
OILS ☐ ALBANY ☐ SERVICE ☐ ADMIN ☐
C STORE ☐ HOOD RIVER ☐
SHOP ☐ CENTRAL OREGON ☐ DATA PROCESSING ☐
CARDLOCK: ☐

STOCK ☐ REBILL ☐ CUSTOMER RELATIONS ☐

ORDERED
BY

Wagner

AUTHORIZED
BY

Lee